

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 89
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full)
COX 2008 COMMITTEE INC

ADDRESS (number and street) ☐ Check if different than previously reported
Post Office Box 5353

2. IDENTIFICATION NUMBER
C00420224

CITY, STATE, and ZIP CODE
Buffalo Grove IL 60089

3. IS THIS REPORT FOR :
☐ Primary ☐ General

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

Monthly Report Due On:

☐ February 20

☐ March 20

☐ April 20

☐ May 20

☐ June 20

☐ July 20

☐ August 20

☐ September 20

☐ October 20

☐ November 20

☐ December 20

☐ January 31

☐ Twelfth day report preceding

(Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on

on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD

FROM

10/01/2007

THROUGH

12/31/2007

SUMMARY

6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	1963.63
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	31258.83
8. SUBTOTAL (Lines 6 and 7)	33222.46
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	31568.19
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	1654.27
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	1055000.00
13. EXPENDITURES SUBJECT TO LIMITATION	1076013.24

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	22167.51
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	1052409.98

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer
Claremont Ruff

Date
01/31/2008

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 89**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

COX 2008 COMMITTEE INC

Report Covering the Period

From: 10/01/2007

To: 12/31/2007

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	266.00	22167.51
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		266.00	22167.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	30000.00	1055000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	30000.00	1055000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	492.83	4110.68
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		492.83	4110.68
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	500.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	31258.83	1081778.19
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	31568.19	1056520.66
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	31568.19	1080123.92
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

3 / 89

1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC			
ADDRESS (number and street) Post Office Box 5353			
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089			2. IDENTIFICATION NUMBER C00420224

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	256085.10

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 89

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

William Benstson

Mailing Address

319 Laurens Street SW

Unit A3

City

Aiken

State

SC

Zip Code

29081

FEC ID number of contributing
federal political committee.

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

20.00

Contribution

Transaction ID: SA17A.7027

B.

Full Name (Last, First, Middle Initial)

Dennis J. Bonavita

Mailing Address

2319 Caldwell Corners Road

City

Brookville

State

PA

Zip Code

15825

FEC ID number of contributing
federal political committee.

Name of Employer
McLean

Occupation
Writer

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

25.00

Contribution

Transaction ID: SA17A.7034

C.

Full Name (Last, First, Middle Initial)

Stuart King

Mailing Address

2703 Summerhill Lane

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing
federal political committee.

Name of Employer
Christie Clinic, PC

Occupation
Physician

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Amount of Each Receipt this Period

100.00

Contribution

Transaction ID: SA17A.7043

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 89

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Ronald S. Knopf

Mailing Address

227 Midland Avenue

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

Name of Employer
The University of Findlay

Occupation

Director - Web & Technology Services

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

1.00

Contribution

Transaction ID: SA17A.7035

B.

Full Name (Last, First, Middle Initial)

Timothy McMaster

Mailing Address

225 East Butter Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

Name of Employer
ABET, Inc.

Occupation

IT Manager

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Amount of Each Receipt this Period

10.00

Contribution

Transaction ID: SA17A.7041

C.

Full Name (Last, First, Middle Initial)

Timothy McMaster

Mailing Address

225 East Butter Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

Name of Employer
ABET, Inc.

Occupation

IT Manager

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Amount of Each Receipt this Period

10.00

Contribution

Transaction ID: SA17A.7045

SUBTOTAL of Receipts This Page (optional)

21.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 89

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Clayton Pippenger

Mailing Address

1645 Maple Creek Lane

City

Carson City

State

NV

Zip Code

89701

FEC ID number of contributing
federal political committee.

Name of Employer
Navellier

Occupation
CTIO

Receipt For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Amount of Each Receipt this Period

100.00

Contribution

Transaction ID: SA17A.7040

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

266.00

**SCHEDULE A (FEC Form 3P)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 89

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

John H. Cox

Mailing Address

55 East Erie

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1045000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	7

Amount of Each Receipt this Period

20000.00

Transaction ID: SA19A.7036

B.

Full Name (Last, First, Middle Initial)

John H. Cox

Mailing Address

55 East Erie

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	7

Amount of Each Receipt this Period

10000.00

Transaction ID: SA19A.7037

SUBTOTAL of Receipts This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

30000.00

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 89

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Public Service of New Hampshire

Mailing Address

PO Box 360

City

Manchester

State

NH

Zip Code

03105

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

492.83

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Amount of Each Receipt this Period

492.83

Return of deposit

Transaction ID: SA20A.7013

SUBTOTAL of Receipts This Page (optional)

492.83

TOTAL This Period (last page this line number only)

492.83

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 89

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Garrett for Senate Committee

Mailing Address

Post Office Box 505

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 7

Amount of Each Receipt this Period

500.00

Reim. don. to Mitchell Ct-
y. Rep. by Cox

Transaction ID: SA21.7032

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Steve Adcock</p> <p>Mailing Address 101 North Wilmot Suite 400</p> <p>City Tuscon State AZ Zip Code 85711</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.7019</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Steve Adcock</p> <p>Mailing Address 101 North Wilmot Suite 400</p> <p>City Tuscon State AZ Zip Code 85711</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.7020</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.50"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1 ADP Boulevard</p> <p>City Roseland State NJ Zip Code 07068</p> <p>Purpose of Disbursement Payroll services</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6959</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72.70"/></p>

SUBTOTAL of Disbursements This Page (optional)

410.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6960 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	7												
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>84.00</td> </tr> </table>	84.00																			
84.00																					
B. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.7010 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>194.90</td> </tr> </table>	194.90																			
194.90																					
C. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6961 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	7												
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>72.70</td> </tr> </table>	72.70																			
72.70																					

SUBTOTAL of Disbursements This Page (optional)

351.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6962 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 7</div> </div>
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>78.00</div> <div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7011 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>194.90</div> <div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7073 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>13.00</div> <div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

285.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6956 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	7													
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>72.70</td> </tr> </table> 101 Category/ Type	72.70																			
72.70																					
B. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6957 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	7													
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>28.00</td> </tr> </table> 101 Category/ Type	28.00																			
28.00																					
C. Full Name (Last, First, Middle Initial) Al's Music Mailing Address Post Office Box 742	Transaction ID: SB23.6963 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	7													
City Ames State IA Zip Code 50010 Purpose of Disbursement Entertainment Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table> 101 Category/ Type	120.00																			
120.00																					

SUBTOTAL of Disbursements This Page (optional)

220.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Artic Glacier Ice	Transaction ID: SB23.6846 Date of Disbursement
Mailing Address 2101 Pullman Street	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period
Purpose of Disbursement Ice	<div>281.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Danny Carlton	Transaction ID: SB23.6973 Date of Disbursement
Mailing Address 19724 East Pine #149	<div> <div>10</div> <div>13</div> <div>2007</div> </div>
City Catoosa State OK Zip Code 74017	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>50.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Danny Carlton	Transaction ID: SB23.6974 Date of Disbursement
Mailing Address 19724 East Pine #149	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Catoosa State OK Zip Code 74017	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>50.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

381.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Center for Aging Citizens, Inc.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6964 Date of Disbursement <div>10 / 03 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>500.00</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address 825 West Euclid</p> <p>City State Zip Code Palatine IL 60067</p> <p>Purpose of Disbursement Wire charges</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7075 Date of Disbursement <div>10 / 05 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>12.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chase Bank</p> <p>Mailing Address 825 West Euclid</p> <p>City State Zip Code Palatine IL 60067</p> <p>Purpose of Disbursement Wire charges</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7076 Date of Disbursement <div>10 / 05 / 2007</div></p> <p>Amount of Each Disbursement this Period <div>12.00</div></p>

SUBTOTAL of Disbursements This Page (optional) ►

524.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7078 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7079 Date of Disbursement <div>10</div> <div>31</div> <div>2007</div> Amount of Each Disbursement this Period <div>12.00</div> <div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Various banking fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7016 Date of Disbursement <div>11</div> <div>05</div> <div>2007</div> Amount of Each Disbursement this Period <div>160.00</div> <div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

184.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7008 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fee Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7009 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fee Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7081 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid <hr/> City Palatine State IL Zip Code 60067 <hr/> Purpose of Disbursement Wire fees <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7082 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	7												
<hr/> City Palatine State IL Zip Code 60067 <hr/> Purpose of Disbursement Wire fees <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
B. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid <hr/> City Palatine State IL Zip Code 60067 <hr/> Purpose of Disbursement Wire fees <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7083 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
<hr/> City Palatine State IL Zip Code 60067 <hr/> Purpose of Disbursement Wire fees <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
C. Full Name (Last, First, Middle Initial) Colby Trust <hr/> Mailing Address 6581 University Avenue <hr/> City Des Moines State IA Zip Code 50311 <hr/> Purpose of Disbursement Rent - Iowa office - October <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6966 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
<hr/> City Des Moines State IA Zip Code 50311 <hr/> Purpose of Disbursement Rent - Iowa office - October <hr/> Candidate Name John H. Cox <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1176.82</td> </tr> </table>	1176.82																			
1176.82																					

SUBTOTAL of Disbursements This Page (optional) ►

1200.82

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Colby Trust	Transaction ID: SB23.6967 Date of Disbursement																				
Mailing Address 6581 University Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Des Moines State IA Zip Code 50311	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utilities - September and October	<table border="1"> <tr> <td colspan="10">55.42</td> </tr> </table>	55.42																			
55.42																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB23.7071 Date of Disbursement																				
Mailing Address 4400 Belle Oakes Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Charleston State SC Zip Code 29405	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cable service	<table border="1"> <tr> <td colspan="10">157.35</td> </tr> </table>	157.35																			
157.35																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Comfort Inn	Transaction ID: SB23.6842 Date of Disbursement																				
Mailing Address 2609 University Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">403.16</td> </tr> </table>	403.16																			
403.16																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

615.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7047 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K	<div> <div>10</div> <div>02</div> <div>2007</div> </div>
City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising fees	<div>1.95</div>
Candidate Name John H. Cox	<div>101</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7048 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K	<div> <div>10</div> <div>09</div> <div>2007</div> </div>
City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising fees	<div>15.75</div>
Candidate Name John H. Cox	<div>101</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB23.6852 Date of Disbursement
Mailing Address 1 Federal Express Drive	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Nashville State TN Zip Code 39240	Amount of Each Disbursement this Period
Purpose of Disbursement Overnight Delivery	<div>33.06</div>
Candidate Name John H. Cox	<div>101</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

50.76

TOTAL This Period (last page this line number only)

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

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SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Stacy Harp	Transaction ID: SB23.7017 Date of Disbursement
Mailing Address 4315 West Chapman Avenue	<div> <div>10</div> <div>13</div> <div>2007</div> </div>
City Orange State CA Zip Code 92868	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>100.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Stacy Harp	Transaction ID: SB23.7018 Date of Disbursement
Mailing Address 4315 West Chapman Avenue	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Orange State CA Zip Code 92868	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>50.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Linda Harrington	Transaction ID: SB23.6995 Date of Disbursement
Mailing Address 2421 - 106th Street	<div> <div>10</div> <div>12</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>500.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6996 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6998 Date of Disbursement <div> <div>11</div> <div>27</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6999 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Linda Harrington

Mailing Address 2421 - 106th Street

City Albion State IA Zip Code 50005

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7001

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Iowa Events Center

Mailing Address 730 3rd Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Reagan Dinner Reception Hosting

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7051

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

272.60

C.

Full Name (Last, First, Middle Initial)
Lennie Jarrett

Mailing Address 2306 North Tedy Lane

City Round Lake Beach State IL Zip Code 60073

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6993

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

872.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Lennie Jarrett	Transaction ID: SB23.6994 Date of Disbursement
Mailing Address 2306 North Tedy Lane	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Round Lake Beach State IL Zip Code 60073	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>50.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc	Transaction ID: SB23.7003 Date of Disbursement
Mailing Address 625 North Michigan Ave Suite 420	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period
Purpose of Disbursement Office expense reimbursement	<div>70.09</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc	Transaction ID: SB23.7005 Date of Disbursement
Mailing Address 625 North Michigan Ave Suite 420	<div> <div>12</div> <div>11</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period
Purpose of Disbursement Publicity	<div>1500.00</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1620.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6979</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6981</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6983</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-12.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

738.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6984</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6985</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-12.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6986</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

738.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Salary - wire fee

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6987

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

-12.00

B.

Full Name (Last, First, Middle Initial)
Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6988

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

375.00

C.

Full Name (Last, First, Middle Initial)
Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Salary - wire fee

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6989

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

-12.00

SUBTOTAL of Disbursements This Page (optional)

351.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6990</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6991</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-12.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Microtel Inn and Suites</p> <p>Mailing Address 2216 Street 16th Street</p> <p>City Ames State IA Zip Code 50010</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6844</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2048.38"/></p>

SUBTOTAL of Disbursements This Page (optional)

2411.38

TOTAL This Period (last page this line number only)

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

1000.00

150.00

150.00

FEC Schedule B (Form 3P)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Penske Truck Leasing</p> <p>Mailing Address 4101 E 14th Street</p> <p>City Des Moines State IA Zip Code 50313</p> <p>Purpose of Disbursement Truck leasing</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6849</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 246.68</p> <p>101 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Public Service of New Hampshire</p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Utilities - New Hampshire</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7015</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 37.17</p> <p>101 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) reimagine</p> <p>Mailing Address P2310 Lochinvar Drive</p> <p>City Durham State NC Zip Code 27705</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6189</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>101 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

1283.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) reimagine	Transaction ID: SB23.7069 Date of Disbursement
Mailing Address P2310 Lochinvar Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City Durham State NC Zip Code 27705	Amount of Each Disbursement this Period
Purpose of Disbursement Website	<div>1000.00</div>
Candidate Name John H. Cox	<div>101</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Rent-A-Center	Transaction ID: SB23.6833 Date of Disbursement
Mailing Address 222 Lincoln Way	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div>
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period
Purpose of Disbursement Deposit and rental	<div>1250.00</div>
Candidate Name John H. Cox	<div>101</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rent-A-Center	Transaction ID: SB23.6833.0 Date of Disbursement
Mailing Address 222 Lincoln Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period
Purpose of Disbursement Deposit	<div>1100.00</div>
Candidate Name	<div>101</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A. Full Name (Last, First, Middle Initial) Rent-A-Center</p> <p>Mailing Address 222 Lincoln Way</p> <p>City Ames State IA Zip Code 50010</p> <p>Purpose of Disbursement Rental</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6833.1 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period <div>150.00</div> </p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Republican Party of Iowa</p> <p>Mailing Address 621 East Ninth Street</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Straw Poll Tickes - golf cart rental</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6851 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period <div>850.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) Republican Party of Texas</p> <p>Mailing Address 900 Congress Avenue Suite 300</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Convention Expenses</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7065 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </p> <p>Amount of Each Disbursement this Period <div>350.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chris Richter Mailing Address 33 Ashland Street	Transaction ID: SB23.6972 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div>
City Manchester State NH Zip Code 03104 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>881.60</div> <div>101 Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Chris Richter Mailing Address 33 Ashland Street City Manchester State NH Zip Code 03104 Purpose of Disbursement Telephone reimbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6969 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>144.24</div> <div>101 Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Chris Richter Mailing Address 33 Ashland Street City Manchester State NH Zip Code 03104 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6971 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>881.60</div> <div>101 Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional)

1907.44

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6970 Date of Disbursement 11 / 12 / 2007
	Mailing Address 33 Ashland Street	
	City Manchester State NH Zip Code 03104	Amount of Each Disbursement this Period 138.33
	Purpose of Disbursement Reimbursements - telephone termination f	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Riverside Hotel	Transaction ID: SB23.7067 Date of Disbursement 10 / 31 / 2007
	Mailing Address 620 East Las Olas Boulevard	
	City Fort Lauderdale State FL Zip Code 33301	Amount of Each Disbursement this Period 296.18
	Purpose of Disbursement	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Joe Speranzella	Transaction ID: SB23.6975 Date of Disbursement 10 / 31 / 2007
	Mailing Address 26759 Johnson Creek Road	
	City Crisfield State MD Zip Code 21817	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Salary	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

484.51

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC**A.** Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
PayrollCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7128

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
SalaryCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7128.0

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Wire feeCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7128.1

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7129 Date of Disbursement
Mailing Address 116 Golden Crest Court	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
Purpose of Disbursement Salary and expense reimbursement Candidate Name John H. Cox	<div>2313.14</div> <div>101 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7129.0 Date of Disbursement
Mailing Address 116 Golden Crest Court	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name John H. Cox	<div>2000.00</div> <div>101 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7129.1 Date of Disbursement
Mailing Address 116 Golden Crest Court	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period
Purpose of Disbursement Wire fee Candidate Name John H. Cox	<div>-12.00</div> <div>101 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2313.14

TOTAL This Period (last page this line number only)

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

FEC Schedule B (Form 3P)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Office Depot - Greenville	Transaction ID: SB23.7097.1 Date of Disbursement 09 / 14 / 2007
	Mailing Address 101 Verdae Boulevard #1000	
	City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period 57.19
	Purpose of Disbursement Folders, ink cartridges	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB23.7097.2 Date of Disbursement 09 / 14 / 2007
	Mailing Address 550 Woods Lake Road	
	City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period 90.03
	Purpose of Disbursement Business cards	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FedEx Kinko's - Greenville, SC	Transaction ID: SB23.7097.3 Date of Disbursement 09 / 25 / 2007
	Mailing Address 845 Mauldin Road	
	City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period 50.27
	Purpose of Disbursement Overnight shipping	101 Category/ Type
	Candidate Name John H. Cox	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]
	SUBTOTAL of Disbursements This Page (optional)	0.00
	TOTAL This Period (last page this line number only)	

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

FE1AN060.PDF

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Riverside Hotel	Transaction ID: SB23.7097.7 Date of Disbursement																				
Mailing Address 620 East Las Olas Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	7												
City Fort Lauderdale State FL Zip Code 33301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Newspapers	<table border="1"> <tr> <td colspan="10">1.84</td> </tr> </table>	1.84																			
1.84																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) 7-Eleven - Ft. Lauderdale	Transaction ID: SB23.7097.8 Date of Disbursement																				
Mailing Address 460 West Broward Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	7												
City Fort Lauderdale State FL Zip Code 33312	Amount of Each Disbursement this Period																				
Purpose of Disbursement Gasoline	<table border="1"> <tr> <td colspan="10">15.43</td> </tr> </table>	15.43																			
15.43																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) National Car Rental - Ft. Lauderdale	Transaction ID: SB23.7097.9 Date of Disbursement																				
Mailing Address 100 Aviation Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	0	7												
City Fort Lauderdale State FL Zip Code 33315	Amount of Each Disbursement this Period																				
Purpose of Disbursement Car rental	<table border="1"> <tr> <td colspan="10">117.36</td> </tr> </table>	117.36																			
117.36																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Charlotte Douglas Parking	Transaction ID: SB23.7097.10 Date of Disbursement
Mailing Address 3501 Josh Birmingham Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 7</div> </div>
City Charlotte State NC Zip Code 28208	Amount of Each Disbursement this Period
Purpose of Disbursement Parking	<div> <div></div> <div>9.00</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Sweetwater Draft	Transaction ID: SB23.7097.11 Date of Disbursement
Mailing Address 6000 North Terminal Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 7</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Lunch	<div> <div></div> <div>27.82</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB23.7097.12 Date of Disbursement
Mailing Address 295 North Maple	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div>
City Basking Ridge State NJ Zip Code 07920	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone service	<div> <div></div> <div>103.12</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) SunCom Wireless	Transaction ID: SB23.7097.13 Date of Disbursement																				
Mailing Address Post Office Box 190028	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	7												
City Charleston State SC Zip Code 29419	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cellular service	<table border="1"> <tr> <td colspan="10">233.62</td> </tr> </table>	233.62																			
233.62																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Dan Herren	Transaction ID: SB23.7097.14 Date of Disbursement																				
Mailing Address 116 Golden Crest Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	0		2	0	0	7												
City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mileage - 09.16.07 - 09.20.07	<table border="1"> <tr> <td colspan="10">178.89</td> </tr> </table>	178.89																			
178.89																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Dan Herren	Transaction ID: SB23.7097.15 Date of Disbursement																				
Mailing Address 116 Golden Crest Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	0		2	0	0	7												
City Mauldin State SC Zip Code 29662	Amount of Each Disbursement this Period																				
Purpose of Disbursement Late fee reduction	<table border="1"> <tr> <td colspan="10">-4.93</td> </tr> </table>	-4.93																			
-4.93																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 89

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.6831 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div>
<div> <div>City</div> <div>Palatine</div> </div> <div> <div>State</div> <div>IL</div> </div> <div> <div>Zip Code</div> <div>60623</div> </div> <div> <div>Purpose of Disbursement</div> <div>Cellular telephone service</div> </div> <div> <div>Candidate Name</div> <div>John H. Cox</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>296.16</div>
B. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.7021 Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div>
<div> <div>City</div> <div>Palatine</div> </div> <div> <div>State</div> <div>IL</div> </div> <div> <div>Zip Code</div> <div>60623</div> </div> <div> <div>Purpose of Disbursement</div> <div>Cellular phones</div> </div> <div> <div>Candidate Name</div> <div>John H. Cox</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>332.05</div>
C. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.7022 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div>
<div> <div>City</div> <div>Palatine</div> </div> <div> <div>State</div> <div>IL</div> </div> <div> <div>Zip Code</div> <div>60623</div> </div> <div> <div>Purpose of Disbursement</div> <div>Cell phones</div> </div> <div> <div>Candidate Name</div> <div>John H. Cox</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>46.24</div>

SUBTOTAL of Disbursements This Page (optional)

674.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7050 Date of Disbursement
Mailing Address PO Box 1	<div> <div>10</div> <div>25</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60623	Amount of Each Disbursement this Period
Purpose of Disbursement Cellular service	<div>318.59</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7023 Date of Disbursement
Mailing Address PO Box 1	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60623	Amount of Each Disbursement this Period
Purpose of Disbursement Cell phones	<div>47.91</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US Cellular	Transaction ID: SB23.7064 Date of Disbursement
Mailing Address PO Box 1	<div> <div>11</div> <div>27</div> <div>2007</div> </div>
City Palatine State IL Zip Code 60623	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone service	<div>338.56</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

705.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) US Cellular Mailing Address PO Box 1	Transaction ID: SB23.7024 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 0 7</div> </div>
City Palatine State IL Zip Code 60623 Purpose of Disbursement Cell phones Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>46.24</div> <div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) John Utz Mailing Address 813 Pesch City Rowan State IA Zip Code 50470 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.6976 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>850.00</div> <div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) John Utz Mailing Address 813 Pesch City Rowan State IA Zip Code 50470 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.6977 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>850.00</div> <div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional)

1746.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) John Utz Mailing Address 813 Pesch	Transaction ID: SB23.7144 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Rowan State IA Zip Code 50470 Purpose of Disbursement Reagan Dinner expenses Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>204.11</div>
B. Full Name (Last, First, Middle Initial) John Utz Mailing Address 813 Pesch City Rowan State IA Zip Code 50470 Purpose of Disbursement Mileage Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7144.3 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>92.12</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Joe Van Ginkel Mailing Address 3378 110th Street City Cumming State IA Zip Code 50061 Purpose of Disbursement Travel reimbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7053 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>146.57</div>

SUBTOTAL of Disbursements This Page (optional)

350.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB23.7025 Date of Disbursement																				
Mailing Address Post Office Box 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	7												
City Worcester State MA Zip Code 01654-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone service - New Hampshire	<table border="1"> <tr> <td colspan="10">142.75</td> </tr> </table>	142.75																			
142.75																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB23.6830 Date of Disbursement																				
Mailing Address 23 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephones	<table border="1"> <tr> <td colspan="10">131.10</td> </tr> </table>	131.10																			
131.10																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB23.7049 Date of Disbursement																				
Mailing Address 23 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	7												
City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone service	<table border="1"> <tr> <td colspan="10">131.20</td> </tr> </table>	131.20																			
131.20																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

405.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7070</p> <p>Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>131.11</div> </p> <p>Category/Type <div>101</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7062</p> <p>Date of Disbursement <div> <div>11</div> <div>22</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>98.52</div> </p> <p>Category/Type <div>101</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mark Vonderohe</p> <p>Mailing Address 502 First Street SE #05</p> <p>City Waukon State IA Zip Code 52172</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7002</p> <p>Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>34.22</div> </p> <p>Category/Type <div>101</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

263.85

TOTAL This Period (last page this line number only) ►

31422.84

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 3Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 51 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 9Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 4Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 54 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 1Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 56 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 58 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 59 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 60 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 61 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
1 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 63 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 64 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4782

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 65 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 66 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
0 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 67 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 69 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
2 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 70 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5197

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
0 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 71 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5198

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
1 6Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 72 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5199

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
2 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 73 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5200

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 6Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 74 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5201

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
1 2Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 75 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5202

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 1Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 76 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5203

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
1 4Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 77 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5574

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
0 4Y Y Y Y
2 0 0 7

12/31/08

0/00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 78 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5575

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 5Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 79 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5576

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 2Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 80 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5577

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 6Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 81 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5578

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 3Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 82 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5579

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 4Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5580

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6136

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
3 1Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6137

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 2Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6138

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
0 5Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 / 89

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6139

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.7036

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
0 2Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.7037

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
0 3Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

1055000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.